



**IDPH AmeriCorps Mentoring Program
Training Certification
2015-2016**



Member Name: _____

Host Site: _____

	Date	Location
Host Site Orientation	_____	_____
IDPH Orientation	_____	_____
Communication*	_____	_____
Citizenship*	_____	_____
Volunteer Recruitment*	_____	_____
Disaster Response*	_____	_____
Life After AmeriCorps*	_____	_____
SAPST Training	_____	_____

I certify that the information provided here is accurate.

Member _____ Date _____

Site Supervisor _____ Date _____

*If the training was not provided by IDPH or ICVS, attach information documenting the source and content of the training.